



**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES**

**James K. Polk State Office Building
505 Deaderick Street, Suite 1700
Nashville, Tennessee 37243-0281**

osap.osap@state.tn.us
**Phone (615) 401-7900
FAX (615) 532-8666**

February 4, 2003

Enclosed is the **2003 AD VALOREM TAX REPORT** to be completed by your company. Tennessee Code Annotated, Section 67-5-1301 provides, in pertinent part, that the Comptroller of the Treasury shall, for ad valorem taxation purposes, annually assess the properties of railroad, private car, airline, water transportation, utility, motor carrier, and telephone companies.

1. Your report and any additional correspondence should be mailed to the above address. If you need additional reports you may obtain them by going to our web site at www.comptroller.state.tn.us/sap/advalorem.htm.
2. Your report must be received by the Comptroller of the Treasury no later than **April 1, 2003**. There is a penalty of one hundred (\$100) dollars for each and every day such owner is delinquent in filing said statement or schedule with the Comptroller. See TENNESSEE CODE ANNOTATED, SECTION 67-5-1317.
3. Any additional information you wish to submit to assist the Office of State Assessed Properties in its assessment of your company should be placed on 8 ½ x 11 paper.
4. **A COPY OF THE COMPLETED REPORT SHOULD BE RETAINED FOR YOUR FUTURE REFERENCE. A TWENTY-FIVE DOLLAR (\$25.00) FEE IS CHARGED FOR COPIES OF REPORTS REQUESTED FROM THIS OFFICE.**

Should you have inquiries concerning this matter, feel free to contact this office at (615) 401-7900.

Sincerely,

Barry M. Murphy, CAE
Director

BMM/dlt
Enclosure

GENERAL INSTRUCTION SHEET

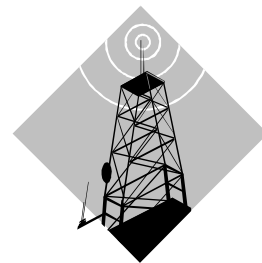
1. This report must be completed in proper form (typed or legibly printed), and must be **filed with the Comptroller of the Treasury on or before April 1, 2003.** **A copy should be retained in your files for future reference.**
2. **ROUND ALL DOLLAR FIGURES TO WHOLE DOLLARS!**
3. **NO SHEET OR SECTION SHOULD BE LEFT BLANK.** If a sheet or section does not apply to your company, indicate by placing the words “**inapplicable**” or “**none.**” **INCOMPLETE REPORTS WILL BE RETURNED!**
4. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT.** Tennessee Code Annotated, Section 67-5-1317 states:

“The Owner of any such property refusing or failing to file such schedules and statements shall be deemed to have waived the mode and manner of ascertaining the value of such property, and of the distribution or allocation by the Comptroller of the Treasury of such valuation or assessment to the various counties and municipalities of the State of Tennessee for the purposes of county and municipal taxation, and shall not be permitted to be heard in opposition to the valuation fixed upon said property by the Comptroller of the Treasury, nor in opposition to the distribution or allocation of same by the Comptroller of the Treasury to the various counties and municipalities for the purposes aforesaid; and may, at the discretion of the Comptroller of the Treasury, in addition, be liable to a penalty of one hundred dollars (\$100) for each and every day which such owner is delinquent in filing said statement or schedule.”

5. It is necessary for you to furnish the Comptroller of the Treasury certain information pertaining to the company’s organization, legal status, and operation. **Pages 1 & 1A** should be completed very carefully. If a particular statement or question does not apply to your company, place the words “**inapplicable**” or “**none**” in the appropriate blank(s). Do not leave any of the statements or questions on **Pages 1 & 1A** blank unless instructed to do so.
6. The **Balance Sheet** on **Pages 2 & 3**, and the **Income Statement** on **Page 5** should be completed in a manner that fairly reflects the financial position of your company. All financial statements should be in conformity with generally accepted accounting principles. All companies are to complete the financial statements included in this report. **NO SUBSTITUTIONS ACCEPTED!** Any entry on lines 8, 11, or 12 of the asset side of the Balance Sheet requires a detailed breakdown.
7. **Page 6** requires a listing of equipment leased and/or used by your company. Leased equipment refers to personal property obtained through an operating lease. Used property refers to personal property not under a lease agreement and not owned by you but in your possession.
8. On **Page 7** give the county, city & special school district where property is located; also give the undepreciated cost and cash value of property. **FOLLOW THE EXAMPLE PROVIDED ON PAGE 7! SEGREGATE THE PROPERTY INVESTMENTS AS SHOWN. IF YOU ARE NOT SURE HOW TO PREPARE THIS PAGE, PLEASE CALL!**

GENERAL INSTRUCTION SHEET
(continued)

9. On **Page 7A** provide a detailed listing of tower and antenna locations in Tennessee. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**
10. On **Page 8** give detailed information on new sites. **THIS PAGE IS EXTREMELY IMPORTANT! PAGE 8 MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE REPORTS WILL BE RETURNED.**
11. **9** requires a listing of all purchases and sales of Tennessee real property (**including telecommunications towers**) occurring during the year 2002.
12. **Page 10** requires a listing of all real property under construction. This listing will include all real property currently under construction or construction expected to be completed by September 1 of this year. Be sure to include the county and city where located, map reference and property owner, description of improvement, and the construction cost.
13. **It is imperative that the affidavit be signed and notarized, as this is a direct requirement of Tennessee statute. Reports will be returned if the affidavit is not signed and notarized.**
14. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11").**
15. Please provide the Office of State Assessed Properties with all documents in which an opinion of value has been determined by an appraiser hired by your company, any employee of your company, a public utilities commission or its equivalent, or any other party whose service was contracted by your company for the **past three years**. The documents should be summary in nature and **do not include** state or local appraisals.
16. In an effort to assure property accountability compliance, please provide the Office of State Assessed Properties with documentation supporting entries on the Ad Valorem Tax Report for the following: **gross investment in Tennessee, and net investment in Tennessee**. In other words, show how the numbers are derived. For companies located one hundred percent (100%) in Tennessee, a reference to the Balance Sheet is sufficient.



STATE OF TENNESSEE

2003

AD VALOREM TAX REPORT



EXACT NAME OF COMPANY FILING THIS REPORT

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE **IN TENNESSEE**

() PHONE () FAX EMAIL

MAIL TO:

COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES

James K. Polk State Office Building, Suite 1700

505 Deaderick Street

Nashville, Tennessee 37243-0281

(615) 401-7900 FAX (615) 532-8666

osap.osap@state.tn.us

**** THIS REPORT MUST BE FILED WITH THIS OFFICE BY APRIL 1, 2003****

- | 1. | Company name _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---|-----------------------------------|----------------------|-----------------------------------|----------------------|-------------------------|-----------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------------|-------|-------|-------|-------|
| 2. | Principal office location _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Is company _____ INDIVIDUAL? _____ PARTNERSHIP? _____ CORPORATION?
_____ COOPERATIVE? _____ OTHER? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | If a CORPORATION or OTHER similar enterprise, supply the following information:
Under laws of what state organized _____; Date organized _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Name & address of PRESIDENT, OWNER, OR PARTNER _____
<div style="text-align: right; margin-right: 50px;">Name</div> <hr/> <div style="display: flex; justify-content: space-between;"> Position/Title Number & Street City, State & Zip </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Name & address of GENERAL MANAGER _____
<div style="text-align: right; margin-right: 50px;">Name</div> <hr/> <div style="display: flex; justify-content: space-between;"> Number & Street City, State & Zip </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | GROSS Investment in SYSTEM plant and property December 31, 2002 \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | NET Investment in SYSTEM plant and property December 31, 2002 \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | SYSTEM GROSS Revenue (Income) for year ended December 31, 2002 \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2002 \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Amount of LOANS FROM FEDERAL AGENCIES, if any \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Indicate stock & debt of company: | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">Amount
Authorized</th> <th style="width: 15%; text-align: center;">No. of Shares or
Amount Issued</th> <th style="width: 15%; text-align: center;">Book or
Per Value</th> <th style="width: 25%; text-align: center;">Market or
Cash Value</th> </tr> </thead> <tbody> <tr> <td>Preferred Stock</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Common Stock</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Bonds</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other Long-Term Debts</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | Amount
Authorized | No. of Shares or
Amount Issued | Book or
Per Value | Market or
Cash Value | Preferred Stock | _____ | _____ | _____ | _____ | Common Stock | _____ | _____ | _____ | _____ | Bonds | _____ | _____ | _____ | _____ | Other Long-Term Debts | _____ | _____ | _____ | _____ |
| | Amount
Authorized | No. of Shares or
Amount Issued | Book or
Per Value | Market or
Cash Value | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Stock | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Common Stock | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Bonds | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Other Long-Term Debts | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| 13. | State surplus at beginning of 2002 \$ _____; end of 2002 \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | State amount of dividends paid for the year 2002: Preferred \$ _____ Common \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | State exact dollar amount of FEDERAL INCOME TAX ACTUALLY PAID OR OWED FOR 2002 as reported on your Federal Income Tax Return \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | State ACTUAL CASH or MARKET VALUE of all Tennessee plant and property as of January 1, 2003
\$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

17. State NET additions (additions less retirements) to Tennessee plant and property for:
 2001 \$ _____ 2002 \$ _____
18. Total number of subscribers in Tennessee _____
19. Total number of Towers you own in Tennessee _____
20. Does your company operate solely (100%) in Tennessee? _____ YES _____ NO
 If you checked "YES" it will not be necessary to complete questions 20 - 27.
 If you checked "NO" **you must** complete questions 20 - 27.
21. GROSS Investment in Tennessee plant and property December 31, 2002 \$ _____
22. Net Investment in Tennessee plant and property December 31, 2002 \$ _____
23. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2002 \$ _____
24. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2002 \$ _____
25. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property December 31, 2002 _____%
26. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property December 31, 2002 _____%
27. Percent of TENNESSEE GROSS Revenue (Income) as compared to SYSTEM GROSS Revenue (Income) for year ended December 31, 2002 _____%
28. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2002 _____%
29. Does your company or its parent holding company file the following? **Check all that apply:**
- _____ a. SEC Form 10-K
- _____ b. Annual report to stockholders

File one copy of each of the items checked in item 28 with the Comptroller of the Treasury, Office of State Assessed Properties.

30. Special questions regarding this report should be directed to:

NAME: _____

TITLE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

BALANCE SHEET
ASSETS

		AS OF DECEMBER 31	
		<u>2002</u>	<u>2001</u>
Item	<u>Fixed Assets</u>		
1.	System Plant in Service	\$	\$
2.	Plant Under Construction (Include Real & Personal @ 100%)		
3.	Property Held for Future Use		
4.	Plant Acquisition Adjustment		
5.	Total Fixed Assets		
6.	LESS Depreciation & Amortization Reserve		
7.	Net Fixed Assets	<u>\$</u>	<u>\$</u>
	<u>Other Property & Investments</u>		
*8.	Non-Wireless Property (See note)	\$	\$
9.	LESS Accumulated Depreciation		
10.	Net Non-Wireless Property		
*11.	INVESTMENT IN AFFILIATED COMPANIES (See note)		
*12.	OTHER INVESTMENTS (See note)		
13.	Sinking Funds		
14.	Other Fund Accounts		
15.	Total Other Property & Investments	<u>\$</u>	<u>\$</u>
	<u>Current Assets</u>		
16.	Cash	\$	\$
17.	Special Cash Deposits		
18.	Working Funds		
19.	Temporary Cash Investments		
20.	Notes Receivable from Affiliated Companies		
21.	Other Notes Receivable		
22.	Due from Customers & Agent - Net		
23.	Accounts Receivable from Affiliated Companies Net		
24.	Other Accounts Receivable - Net		
25.	Interest & Dividends Receivable		
26.	Pre-payments		
27.	MATERIALS & SUPPLIES		
28.	Inventory for Resale		
29.	Other Current Assets		
30.	Total Current Assets	<u>\$</u>	<u>\$</u>
	<u>Deferred Charges</u>		
31.	Discount on Long-Term Debt	\$	\$
32.	Extraordinary Maintenance & Retirements		
33.	Clearing Accounts		
34.	Other Deferred Charges		
35.	Total Deferred Charges	<u>\$</u>	<u>\$</u>
36.	TOTAL ASSETS	<u>\$</u>	<u>\$</u>

***GIVE A DETAILED BREAKDOWN AND DESCRIPTION OF THIS TYPE OF
PROPERTY INVESTMENT.**

BALANCE SHEET
LIABILITIES & OTHER CREDITS

AS OF DECEMBER 31
2002 2001

<u>Item</u>	<u>Capital Stock & Retained Earnings</u>		
1.	Common Capital Stock Outstanding	\$	\$
2.	Preferred Capital Stock Outstanding		
3.	Premiums on Capital Stock		
4.	Other Capital Liability Accounts		
5.	Proprietor's Capital		
6.	Other Capital		
7.	Retained Earnings Reserved		
8.	Unappropriated Retained Earnings		
9.	LESS Discount on Capital Stock		
10.	LESS Capital Stock Expense		
11.	Total Capital Stock & Retained Earnings	\$	\$
	<u>Long-Term Debt</u>		
12.	Funded Debt Outstanding	\$	\$
13.	Advances from Affiliated Companies		
14.	Other Long-Term Debt(s)		
15.	Total Long-Term Debt(s)	\$	\$
	<u>Current & Accrued Liabilities</u>		
16.	Notes Payable to Affiliated Companies	\$	\$
17.	Other Notes Payable		
18.	Accounts Payable to Affiliated Companies		
19.	Other Accounts Payable		
20.	Customers Deposits		
21.	Matured Interest & Dividends		
22.	Matured Long-Term Debts(s)		
23.	Advance Billing & Payments		
24.	Taxes Accrued		
25.	Unmatured Interest, Dividends, & Rents Accrued		
26.	Refunds Due Customers		
27.	Other Current Liabilities		
28.	Total Current & Accrued Liabilities	\$	\$
	<u>Deferred Credits & Reserves</u>		
29.	Premium on Long-Term Debt	\$	\$
30.	Insurance Reserve		
31.	Amortization Reserve		
32.	Other Deferred Credits & Reserves		
33.	Accumulated Deferred Income Taxes		
34.	Total Deferred Credits & Reserves	\$	
	<u>Contributions in Aid of Construction</u>		
35.	Contributions in Aid of Construction	\$	\$
36.	TOTAL LIABILITIES & OTHER CREDITS	\$	\$

LONG-TERM DEBT

Mortgages, Bonds, Promissory Notes, & Miscellaneous Long-Term Debt

Date of Issue	Date of Maturity	Description: (Bonds, Notes, or Other Instrument)	Beginning of Year Balance	Principal Paid During Year	*End of Year Balance	Interest	for Year	Leave This Column Blank
						Rate (%)	Amount	
			\$	\$	\$		\$	
TOTALS			\$	\$	\$ *	-----	\$	

INCOME STATEMENT

		AS OF DECEMBER 31	
		<u>2002</u>	<u>2001</u>
<u>Item</u>	<u>Operating Revenues</u>		
1.	Local Service	\$	\$
2.	Toll Service Revenue		
3.	Miscellaneous Operating Revenue*		
4.	LESS: Uncollectible Operating Revenue		
5.	Total Operating Revenues	\$	\$
	<u>Operating Expenses</u>		
6.	Maintenance & Repair Expense	\$	\$
7.	Depreciation & Amortization Expense		
8.	Rental Expense		
9.	Salaries & Wages		
10.	Connecting Telephone Company Charges		
11.	Sales & Advertising Expense		
12.	Office Supplies & Expense		
13.	Insurance Expense		
14.	Accounting, Legal, & Other Services		
15.	Vehicle Expense		
16.	Other Expenses*		
	<u>Operating Taxes</u>		
17.	Federal Income Taxes	\$	\$
18.	State, County, & Municipal Taxes		
19.	Other Miscellaneous Operating Taxes		
20.	Total Operating Expenses	\$	\$
21.	NET OPERATING INCOME	\$	\$
	<u>Other Income</u>		
22.	Dividend Income	\$	\$
23.	Interest Income		
24.	Income from Non-Utility Property*		
25.	Miscellaneous Income*		
26.	Total Other Income	\$	\$
	<u>Other Income Deductions</u>		
27.	Interest Expense	\$	\$
28.	Miscellaneous Income Charges		
29.	Total Other Income	\$	\$
	NET INCOME (LOSS)	\$	\$

*Provide a detailed breakdown and source of this income.

LEASED EQUIPMENT

This schedule should include all operating equipment located in Tennessee that is leased or used by your company.

Type of Equipment	No. of Units	Total Annual Amount of Rent	Age of Units	Annual Depreciation Rate	Lease Expiration Date	Owner	<u>Tax Liability</u> Lessor or Lessee	Original Cost	Accumulated Depreciation	Depreciated Cost	Location (County & City)
		\$						\$	\$	\$	

**Summary of Tennessee Property
BY COUNTIES, CITIES, AND SPECIAL SCHOOL DISTRICTS**

County	Cities/SSD	Gross Investment in Towers, Buildings & Land (Inc. CWIP @ 100% for real property)		Gross Investment in Electronic Equipment		Gross Investment in Furniture & Fixtures Mat. & Supp., Autos, etc.		Personal Property CWIP @ 15% of Cost		Gross Investment
		Outside Cities	Inside Cities	Outside Cities	Inside Cities	Outside Cities	Inside Cities	Outside Cities	Inside Cities	Total
					EXAMPLE					
Williamson		\$1,000,000		\$500,000		\$100,000		\$2,000		\$1,602,000
	Franklin		\$2,000,000		\$1,000,000		\$200,000		\$2,500	\$3,202,500
	9th SSD		\$2,000,000		\$1,000,000		\$200,00		\$2,500	\$3,202,500
GRAND	TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$

***DO NOT INCLUDE INVESTMENTS IN SPECIAL SCHOOL DISTRICTS IN THE GRAND TOTAL OR GROSS INVESTMENT TOTAL SINCE THESE INVESTMENTS WILL BE REFLECTED IN THE COUNTY TOTAL.**

**“TENNESSEE ONLY”
WIRELESS TOWER AND ANTENNA INFORMATION**

County	City/Area In/Out	Tower/Antenna Physical Address	Tower ID Number	Land/Tower Owner	Tower Height	Type of Tower	Name of Tower Tenants	Is Tower Owned Or Leased	Is Land Owned Or Leased

ADDITIONAL NOTES:

NEW WIRELESS INFORMATION FORM
(PREPARE A SEPARATE PAGE FOR EACH NEW SITE)

WC- 8

SITE INFORMATION*

County: _____ City: _____ Inside City Limits? Yes____ No____

Site Location: _____
Street Address, road name, or other identifying landmark

Is Site Owned by Your Company? Yes____ No____ Date Purchased: _____

Grantor: _____ Tax Map & Parcel: _____ Deed Book & Page: _____

Is Site Leased by Your Company? Yes____ No____ Lessor: _____

Lessor's Address: _____

TOWER INFORMATION*

Is Tower Owned by Your Company? Yes____ No____ FCC Registration # _____

Is Tower Leased by Your Company? Yes____ No____ Tower Owner: _____

What Type of Tower? Guyed____ Lattice____ Monopole____ Other _____

Height: _____ V/F Base Width: _____

Is There a Prefab Building? Yes____ No____ Size _____

Are There Other Site Improvements? Yes____ No____

Describe Other Site Improvements: _____

COST INFORMATION

Land Cost: \$ _____

"Tower Only" Cost: _____

Electronics Cost: _____

Prefab Building Cost: _____

Other Improvements Cost _____

Total Cost: \$ _____

Was a building permit filed?

Yes____ No____ Permit # _____

Was an electrical inspection performed?

Yes____ No____ Permit # _____

Is this an "antenna only" facility?

Yes____ No____ If yes, specific location (i.e. building name, public utility name, etc.

Local individual to contact regarding your properties in Tennessee:

Name: _____

Phone #: (_____) _____

***Enclose a copy of each site lease and tower lease.**

PURCHASES AND SALES OF TENNESSEE PROPERTY

List all purchases and sales of Tennessee real property (including Telecommunications Towers) that occurred during the year 2002. Give all applicable information for each transaction separately. (You may copy pages as needed) **Please attach a copy of the warranty deed or sales contract.**

PURCHASES**Date of Purchase:**

County / City:

Assessor's Tax Map & Parcel Number:

Purchase Price:

Physical Address:

Description of property:

Grantor (seller):

Type of Improvement:

SALES**Date of Sale:**

County / City:

Assessor's Tax Map & Parcel Number:

Sale Price:

Physical Address:

Description of Property:

Grantee (buyer):

Type of Improvement:

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____, being the OWNER, PRESIDENT,
SECRETARY, AND /OR PARTNER OF _____,

do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two
thousand three has been prepared from only the original books, papers, and records of said
respondent under my direction in accordance with Tennessee Code Annotated, Section 67-
5-1316, and is true and correct to the best of my knowledge and belief.

FURTHER THE AFFIANT SAITH NOT.

NAME

OFFICIAL CAPACITY

Sworn to and subscribed before me on this the _____ day of _____, 2003.

NOTARY PUBLIC

My Commission Expires: _____